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**TO: Economic Support Supervisors
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W-2 Agencies**

**FROM: Amy Mendel-Clemens
Communications Section
Bureau of Health Care Eligibility**

BHCE/BWP OPERATIONS MEMO

**No.: 03-15
Second Correction**

Date: 05/15/2003

Non W-2 ☒ W-2 ☐ CC ☐

PRIORITY: HIGH

**SUBJECT: MA Changes Based On New Federal
Poverty Level (FPL) Amounts (2003)**

CROSS REFERENCE: MA Handbook, Appendices 23, 30.6.0

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EFFECTIVE DATE: See specific dates below.

PURPOSE

This memo provides local agencies with the 2003 Income Guidelines for Medicaid Programs. Below, are the updated tables, effective dates and cross references for these programs.

BACKGROUND

The U.S. Department of Health and Human Services (DHHS) has published its annual update of the Poverty Income Guidelines (aka, Federal Poverty Level, or FPL) at the following Federal Register website: <http://aspe.os.dhhs.gov/poverty/poverty.shtml>. Several income limits and other amounts used in some MA determinations are based upon the FPL.

POLICY

CARES tables TMEP, TBCS, TFPL, and TMST were updated as of February 20th immediately affecting cases on which eligibility was run from February 20th forward. A mass change is scheduled for the weekend of March 7th which will affect all other cases, that meet the selection criteria.

SPOUSAL IMPOVERISHMENT COMMUNITY SPOUSE INCOME ALLOWANCE

Effective: 03/01/2003

Cross Reference: MA Handbook, 23.6.0.

ITEM	OLD Amount	NEW Amount
Minimum Allocation	\$ 1,990.00	\$2,020.00
Shelter Base Amount	\$ 597.00	\$606.00

SPOUSAL IMPOVERISHMENT FAMILY MEMBER INCOME ALLOWANCE

Effective: 03/01/2003

Cross Reference: MA Handbook, 23.6.0.

Group Size	OLD Amount	NEW Amount
Each eligible family member	\$ 497.50	\$ 505.00

QUALIFIED MEDICARE BENEFICIARY (QMB)

Effective: 01/01/2003*

Cross Reference: MA Handbook, 30.6.0.

Group Size	OLD Limit (100%)	NEW Limit (100%)
1	\$ 738.33	\$ 748.33
2	\$ 995.00	\$ 1,010.00

* You do not have to implement the QMB change retroactively, except at the request of someone denied because of excess income between January 1, 2003 and the implementation date of these new limits.

QUALIFIED DISABLED & WORKING INDIVIDUAL (QDWI)

Effective: 01/01/2003

Cross Reference: MA Handbook, 30.6.0.

Group Size	OLD Limit (200%)	NEW Limit (200%)
1	\$ 1,476.67	\$1,496.67
2	\$ 1,990.00	\$2,020.00

QDWI eligibility is determined in CARES.

SPECIFIED LOW-INCOME MEDICARE BENEFICIARY (SLMB)

Effective: 01/01/2003*

Cross Reference: MA Handbook, 30.6.0.

Group Size	OLD Limit (120%)	NEW Limit (120%)
1	\$ 886.00	\$898.00
2	\$ 1,194.00	\$1,212.00

*You do not have to implement the SLMB change retroactively, except at the request of someone denied because of excess income between January 1, 2003, and the implementation date of the new limits.

SPECIFIED LOW-INCOME MEDICARE BENEFICIARY PLUS (SLMB +)

Effective: 01/01/2003*

Cross Reference: MA Handbook, 30.6.0.

Group Size	OLD Limit (135%)	NEW Limit (135%)
1	\$ 996.75	\$1,010.25
2	\$ 1,343.25	\$1,363.50

*You do not have to implement the SLMB + change retroactively, except at the request of someone denied because of excess income between January 1, 2003, and the implementation date of the new limits.

QMBs/SLMBs & COLA DISREGARD: In the December, 2002, CARES COLA mass change, we stored the COLA increase as "CURRENT DISREGARD" on AFUI. For determinations made in January through March 2003, CARES would subtract the COLA increase from the client's income before comparing it to the income limit. This was to compensate for the fact that we did not have the 2003 FPL amounts in the system. For determinations done from March through December 2003, EDBC will not subtract the COLA increase from total income when determining QMB and SLMB eligibility in CARES.

OBRA CHILDREN (AT LEAST 6 BUT NOT 19 YEARS OLD)

Effective: 3/01/2003

Cross Reference: MA Handbook, 30.6.0.

Group Size	OLD Limit (100%)	NEW Limit (100%)	Group Size	OLD Limit (100%)	NEW Limit (100%)
1	\$ 738.33	\$748.33	6	\$2,021.67	\$2,056.67
2	\$ 995.00	\$1,010.00	7	\$2,278.33	\$2,318.33
3	\$1,251.67	\$1,271.67	8	\$2,535.00	\$2,580.00
4	\$1,508.33	\$1,533.33	9	\$2,791.67	\$2,841.67
5	\$1,765.00	\$1,795.00	10	\$3,048.33	\$3,103.33
			for each person over 10	+ \$256.67	\$ 261.66

Correction*HEALTHY START (HS) AND HEALTHY START PRESUMPTIVE ELIGIBILITY (PE)**

Effective: 03/01/2003

Cross Reference: (HS) MA Handbook, 30.6.0.

Group Size	OLD Limit HS/PE CAT NDY (133%)	NEW Limit HS/PE CAT NDY (133%)	Group Size	OLD Limit HS/PE CAT NDY (133%)	NEW Limit HS/PE CAT NDY (133%)
1	\$ 981.98	\$995.28	6	\$2,688.82	\$2,735.37
2	\$1,323.35	\$1,343.30	7	\$3,030.18	\$3,083.38
3	\$1,664.72	\$1,691.32	8	\$3,371.55	\$3,431.40
4	\$2,006.08	\$2,039.33	9	\$3,712.92	\$3,779.42
5	\$2,347.45	\$2,387.35	10	\$4,054.28	\$4,127.43
			each person over 10	+ \$ 341.37	+ \$ 348.01

Group Size	OLD Limit HS/PE MED NDY (185%)	NEW Limit HS/PE MED NDY (185%)	Group Size	OLD Limit HS/PE MED NDY (185%)	NEW Limit HS/PE MED NDY (185%)
1	\$1,365.92	\$1,384.42	6	\$3,740.08	\$3,804.83
2	\$1,840.75	\$1,868.50	7	\$4,214.92	\$4,288.92
3	\$2,315.58	\$2,352.58	8	\$4,689.75	\$4,773.00
4	\$2,790.42	\$2,836.67	9	\$5,164.58	\$5,257.08
5	\$3,265.25	\$3,320.75	10	\$5,639.42	\$5,741.17
			each person over 10	+ \$ 474.83	+ \$ 484.09

ADDED*FAMILY PLANNING WAIVER (FPW) AND FPW PRESUMPTIVE ELIGIBILITY (PE)**

Effective: 03/01/2003

Cross Reference: (FPW) MA Handbook, 30.6.0

Group Size	OLD Limit FPW/FPW PE (185%)	NEW Limit FPW/FPW PE (185%)	Group Size	OLD Limit FPW/FPW PE (185%)	NEW Limit FPW/FPW PE (185%)
1	\$1,365.92	\$1,384.42	6	\$3,740.08	\$3,804.83
2	\$1,840.75	\$1,868.50	7	\$4,214.92	\$4,288.92
3	\$2,315.58	\$2,352.58	8	\$4,689.75	\$4,773.00
4	\$2,790.42	\$2,836.67	9	\$5,164.58	\$5,257.08
5	\$3,265.25	\$3,320.75	10	\$5,639.42	\$5,741.17
			each person over 10	+ \$ 474.83	+ \$ 484.09

BADGERCARE

Effective: 03/01/2003
 Cross Reference: MA Handbook 30.6.0.

Income limits for BadgerCare are based on 185% of the FPL for applicants and 200% of the FPL for recipients. Families above 150% of FPL will need to pay a premium in order to participate in the BadgerCare program.

Group Size	OLD Limit Applicants (185%)	NEW Limit Applicants (185%)	OLD Limit Recipients (200%)	NEW Limit Recipients (200%)
1	\$1,365.92	\$1,384.42	\$1,476.67	\$1,496.67
2	\$1,840.75	\$1,868.50	\$1,990.00	\$2,020.00
3	\$2,315.58	\$2,352.58	\$2,503.33	\$2,543.33
4	\$2,790.42	\$2,836.67	\$3,016.67	\$3,066.67
5	\$3,265.25	\$3,320.75	\$3,530.00	\$3,590.00
6	\$3,740.08	\$3,804.83	\$4,043.33	\$4,113.33
7	\$4,214.92	\$4,288.92	\$4,556.67	\$4,636.67
8	\$4,689.75	\$4,773.00	\$5,070.00	\$5,160.00
9	\$5,164.58	\$5,257.08	\$5,583.33	\$5,683.33
10	\$5,639.42	\$5,741.17	\$6,096.67	\$6,206.67
For each additional person	+ \$ 474.83	+ \$ 484.09	+ \$ 513.33	+ \$ 523.34

CARES uses tables for 100% of FPL in BadgerCare processing to send a 'GP' medical status for those under 100% FPL and a "B4" medical status for those falling between 100% and 150% of FPL

Group Size	NEW Cutoff 'GP' Med Stat (100%)	NEW Cutoff Premium Payment (150%)
1	\$748.33	\$1,122.50
2	\$1,010.00	\$1,515.00
3	\$1,271.67	\$1,907.50
4	\$1,533.33	\$2,300.00
5	\$1,795.00	\$2,692.50
6	\$2,056.67	\$3,085.00
7	\$2,318.33	\$3,477.50
8	\$2,580.00	\$3,870.00
9	\$2,841.67	\$4,262.50
10	\$3,103.33	\$4,655.00
For each additional person	\$261.66	\$ 392.00

MAPP

Effective: 03/01/2003
 Cross Reference: MA Handbook 30.6.0.

Income limits for MAPP are based on 250% of the FPL for applicants and recipients. Individuals above 150% of FPL may need to pay a premium in order to participate in the MAPP program.

Group Size	OLD Limit (250%)	NEW Limit (250%)
1	\$1,845.83	\$1,870.83
2	\$2,487.50	\$2,525.00
3	\$3,129.17	\$3,179.17
4	\$3,770.83	\$3,833.33
5	\$4,412.50	\$4,487.50
6	\$5,054.17	\$5,141.67
7	\$5,695.83	\$5,795.83
8	\$6,337.50	\$6,450.00
9	\$6,979.17	\$7,104.17
10	\$7,620.83	\$7,758.33
For each additional person	+ \$ 641.67	+ \$ 654.16

Group Size	NEW MAPP Cutoff Premium Payment (150%)
1	\$1,122.50
2	\$1,515.00
3	\$1,907.50
4	\$2,300.00
5	\$2,692.50
6	\$3,085.00
7	\$3,477.50
8	\$3,870.00
9	\$4,262.50
10	\$4,655.00
For each additional person	\$392.50

CONTACTS

BHCE CARES Information & Problem Resolution Center

Email: carpolcc@dwd.state.wi.us
Telephone: (608) 261-6317 (Option #1)
Fax: (608) 266-8358

Note: Email contacts are preferred. Thank you.

DHFS/DHCF/BHCE/DL